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PTO/SB/21 (01-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application / Conf. No.	09/839,464 / 2465
Mail Stop:		Filing Date	April 20, 2001
Express Mail Receipt No.		First Named Inventor	Jeffrey M. Mason
		Examiner Name	Douglas W. Owens
		Art Unit	2811
Total Number of Pages in This Submission		Patent No.	
		Attorney Docket Number	X-658 US

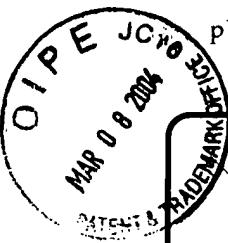
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <ul style="list-style-type: none"> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 		<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Customer Number	24309 (Customer Number)		Reg. Number 37,652
Attn:	Kim Kanzaki		
Signature			
Date	March 2, 2004		
		Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date: March 2, 2004			
Typed or Printed Name	Pat Slaback		
Signature			Date March 2, 2004

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Fee Transmittal for FY 2003

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TOTAL AMOUNT OF PAYMENT (\$ 420.00)

Complete If Known	
Application / Conf. No.	09/839,464 / 2465
Filing Date	April 20, 2004
First Named Inventor	Jeffrey M. Mason
Examiner Name	Douglas W. Owens
Art Unit	2811
Attorney Docket No.	X-658 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:		3. ADDITIONAL FEES Large Entity Fee Fee Code (\$) Fee Description Fee Paid		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		1051 130 Surcharge - late filing fee or oath 1052 50 Surcharge - late provisional filing fee or cover sheet. 1812 2,520 For filing a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 Extension for reply within first month 1252 420 Extension for reply within second month 1253 950 Extension for reply within third month 1254 1,480 Extension for reply within fourth month 1255 2,010 Extension for reply within fifth month 1401 330 Notice of Appeal 1402 330 Filing a brief in support of an appeal 1403 290 Request for oral hearing 1451 1,510 Petition to institute a public use proceeding 1452 110 Petition to revive - unavoidable 1453 1,330 Petition to revive - unintentional 1501 1,330 Utility issue fee (or reissue) 1460 130 Petitions to the Commissioner 1807 50 Petitions related to provisional applications 1806 180 Submission of Information Disclosure Stmt 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 Request for Continued Examination (RCE)		
FEE CALCULATION 1. BASIC FILING FEE Large Entity Fee Paid Code (\$) Fee Fee Description Fee		SUBTOTAL (1) (\$)		
1001 770 Utility filing fee 1002 330 Design filing fee 1003 510 Plant filing fee 1004 770 Reissue filing fee 105 160 Provisional filing fee		\$420		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: -20** = Extra Fee from below Fee Paid Indep. Claims: - 3** = X X = Multiple Dependent Claims: X X = <small>** or number previously paid, if greater; For Reissues, see below</small>				
Large Entity Fee Paid Code (\$) Fee Fee Description		SUBTOTAL (2) (\$)		
1202 18 Claims in excess of 20 1201 86 Independent claims in excess of 3 1203 290 Multiple dependent claim, if not paid 1204 86 **Reissue independent claims over original patent 1205 18 **Reissue claims in excess of 20 and over original patent		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 420.00)		

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149
Signature			Date	03-02-2004	

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X-658 US
09/839,464

PATENT
Conf. No.: 2465

IN THE UNITED STATES PATENT OFFICE

Applicants: Jeffrey M. Mason et al.
Assignee: Xilinx, Inc.

Title: MODULAR DESIGN METHOD AND SYSTEM FOR PROGRAMMABLE LOGIC DEVICES

Serial No.: 09/839,464 File Date: 04-20-2001

Examiner: Douglas W. Owens Art Unit: 2811

Docket No.: X-658 US Conf. No.: 2465

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AMENDMENT IN RESPONSE TO FIRST OFFICE ACTION

Dear Sir:

In response to the first Office Action mailed from the Patent Office on October 3, 2003, please replace/substitute the following claims as indicated.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

03/10/2004 SMINASS1 00000081 240040 09839464
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